



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1112

DATE: April 13, 2012

TO: Iowa Medicaid Dentists and Federally Qualified Health Centers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Prior Authorization

EFFECTIVE: Upon Receipt

This is a reminder to be sure to include the prior authorization number on your claim form when billing for dental procedures for which prior approval is required. The IME has identified numerous instances where the prior approval has been granted, but the number was not entered on the submitted claim. This results in unnecessary delays in reimbursement.

Please see the attached pages for a current listing of all the dental procedures for which prior authorization is required by Medicaid.

The IME appreciates your partnership as we work to improve claim processing. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

Dental Procedures – Prior Approval Required

Code	Description
D3346	RETREATMENT OF PREVIOUS ROOT CANEL THERAPY
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY
D3410	APICOECTOMY/PERIADICULAR SURGERY, ANTERIOR
D3421	APICOECTOMY/PERIADICULAR SURGERY, BICUSPID
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR
D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH ADD
D3430	RETROGRADE FILLING, PER ROOT
D3450	ROOT AMPUTATION, PER ROOT
D3999	UNSPECIFIED ENDODONTIC PROCEDURE
D4210	GINGIVECTOMY OR GINGIVOPLASTY, PER QUAD
D4211	GINGIVECTOMY OR GINGIVOPLASTY, PER TOOTH
D4240	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANING
D4241	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANING
D4260	OSSEOUS SURGERY, INCL FLAP ENTRY AND CLOSURE
D4261	OSSEOUS SURGERY 1-3 TEETH PER QUADRANT
D4263	BONE REPLACEMENT GRAFT, FIRST SITE IN QUAD
D4264	BONE REPLACEMENT GRAFT, EACH ADDL SITE
D4270	PEDICLE SOFT TISSUE GRAFT
D4271	FREE SOFT TISSUE GRAFT (INCL DONOR SITE)
D4275	SOFT TISSUE ALLOGRAFT
D4341	PERIO SCALING AND ROOT PLANING - PER QUAD
D4342	PERIODONTAL SCALING AND ROOT PLANING, 1-3TEETH
D4910	PREVENTIVE PERIODONTAL PROCEDURES
D4999	UNSPECIFIED PERIODONTAL PROCEDURE
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASE
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASE
D5213	MAX PARTIAL DENTURE, CAST METAL FRAMEWORK
D5214	MANDIBULAR PARTIAL DENTURE, CAST METAL
D5225	MAXILLARY PARTIAL DENTURE, FLEXIBLE BASE
D5226	MANDIBULAR PARTIAL DENTURE, FLEXIBLE BASE
D5861	OVERDENTURE, PARTIAL
D5862	PRECISION ATTACHMENT - OVERDENTURE
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE
D6010	SURGICAL PLACEMENT: ENDOSTEAL IMPLANT
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT

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D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT
D6053	REMOVABLE OVERDENTURE COMPLETE EDENTULOUS
D6054	REMOVABLE OVERDENTURE PARTIALLY EDENTULOUS
D6055	CONNECTING BAR, IMPLANT SUPPORT OR ABUTMENT
D6056	PREFABRICATED ABUTMENT
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT
D6058	ABUTMENT SUPPORT PORCELAIN/CERAMIC CROWN
D6059	ABUTMENT SUPPORT PORCELAIN FUSED HIGH METAL
D6060	ABUTMENT SUPPORT PORCELAIN FUSED BASE METAL
D6061	ABUTMENT SUPPORTED NOBLE METAL CROWN
D6062	ABUTMENT SUPPORTED CAST HIGH METAL CROWN
D6063	ABUTMENT SUPPORTED CAST BASE METAL CROWN
D6064	ABUTMENT SUPPORTED CAST NOBLE METAL CROWN
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL
D6067	IMPLANT SUPPORTED METAL CROWN
D6068	ABUTMENT SUPPORTED RETAINER PORCELAIN/CERAMIC
D6069	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED
D6070	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED
D6071	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD
D6076	IMPLANT SUPPORTED RETAINER PORCELAIN FUSED
D6077	IMPLANT SUPPORTED RETAINER CAST METAL FPD
D6078	FIXED OVERDENTURE COMPLETELY EDENTULOUS ARCH
D6079	FIXED OVERDENTURE PARTIALLY EDENTULOUS ARCH
D6080	IMPLANT MAINTENANCE PROCEDURES
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS
D6091	REPLACEMENT ATTACH FOR IMPLANT/ABUTMENT PROSTH
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORT CROWN
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORT FIXED PARTIAL
D6094	ABUTMENT SUPPORTED CROWN , TITANIUM
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT
D6100	IMPLANT REMOVAL
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX
D6194	ABUTMENT SUPPORTED RETAINER CROWN FPD, TITANIUM
D6199	UNSPECIFIED IMPLANT PROCEDURE

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D6205	PONTIC, INDIRECT RESIN BASED COMPOSITE
D6210	PONTIC, CAST HIGH NOBLE METAL
D6211	PONTIC, CAST PREDOMINANTLY BASE METAL
D6212	PONTIC, CAST NOBLE METAL
D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE METAL
D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY BASE
D6242	PONTIC, PORCELAIN FUSED TO NOBLE METAL
D6250	PONTIC, RESIN WITH HIGH NOBLE METAL
D6251	PONTIC, RESIN WITH PREDOMINANTLY BASE METAL
D6252	PONTIC, RESIN WITH NOBLE METAL
D6545	CAST METAL RETAINER, RESIN BONDED FIXED
D6710	CROWN, INDIRECT RESIN BASED COMPOSITE
D6720	CROWN, RESIN WITH HIGH NOBLE METAL
D6721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL
D6722	CROWN, RESIN WITH NOBLE METAL
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL
D6751	CROWN, PORCELAIN FUSED TO PREDOMINATELY BASE
D6752	CROWN, PROCELAIN FUSED TO NOBLE METAL
D6780	CROWN, 3/4 CAST HIGH NOBLE METAL
D6790	CROWN, FULL CAST HIGH NOBLE METAL
D6791	CROWN, FULL CAST PREDOMINANTLY BASE METAL
D6792	CROWN, FULL CAST NOBLE METAL
D6940	STRESS BREAKER
D6950	PRECISION ATTACHMENT
D6980	FIXED PARTIAL DENTURE REPAIR
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE
D8060	INTERCEPTIVE ORTHO TREAT TRANSITIONAL DENTITION
D8070	COMP ORTHO TREAT OF TRANSITIONAL DENTITION
D8080	COMP ORTHO TREATMENT/ADOLESCENT DENTITION
D8090	COMP ORTHO TREATMENT OF ADULT DENTITION
D8210	REMOVABLE APPLIANCE THERAPY, HARMFUL HABITS
D8220	FIXED APPLIANCE THERAPY, HARMFUL HABITS
D8680	ORTHODONTIC RETENTION
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING)
D8692	REPLACEMENT OF LOST/BROKEN RETAINER
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE